10/561930

Collection copy

1	MULTIPLE DEPENDENT CLAIM								SERIAL NO. FILING DATE						
FEE CALCY ATION SHEET															
	•	(FOR US	SE\ ,A	FORM I	PTO-875	)		APPLICAN	тс, _			<u> </u>			
					•		CLAIM	S							
	AS FILED		AFTER 1"AMENDMENT		AFTER  2 MAMENDMENT				AS FILED		AFTER		AFTER		
<del></del>	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.	
2	1-	<del>                                     </del>	<del> </del>				1	51					HAD.	T DEL.	
3		<del>U</del>		1			1 1	52 53			ř.				
5		2-	•				1 :	54			<del></del>			-	
6	<del> </del>	8						55						<del> </del>	
7		(A)	— <u> </u>				1	<u>56</u> 57							
8		W)					1	58							
9		<del>  }</del>					]	59						┼	
11		*					-	60						<del>                                     </del>	
12						<del></del>		61 62				· · · · ·			
13 14		-32					1	ေဒ						├──	
15		6						64						<del> </del>	
16		1					1 1	65							
17 18		<del>-</del>					1 1	67							
19	7	<del>- J</del>					l · [	68							
20		1			-		1 1	69 70							
22		0					l	71							
23	1							72							
24		2					<b> </b>	73 74							
25 26		,					l t	75							
27 ·			i i					76							
28	· .			<del></del>			ŀ	77 78				· · ·		•	
29 30				-+-			l t	79							
31				<del>:/-</del>			1	80							
32					,		ŀŀ	81 82							
33							. [	83							
35			——	<del>:    </del>			. }-	84							
36							ŀ	85 86							
37 38								87							
39.			<del>-,</del>					88							
40							-	89. 90							
41 · 42							L	91							
43			1				F	92							
44							- 1	93 94							
45	<b>—</b> Д			1				95		<u>_</u> }					
46 47					I	]	F	96							
48				}	<del></del>		F	97 98							
49							F	99				<del></del> -			
50			, ,					100							
POTAL IND.		+ 4	4	4		4	T.	OTAL IND.		#		+		#	
OTAL DEP.		<u></u> /	9	<del>_</del>			ļu	OTAL DEP		<u>e</u>		<b>(4</b>   [		4	
CLAIMS			17			4		TOTAL CLAIMS							
PTO - 1340 (	REV. 11/4)								U. Pr	S. DEPARTM	ENT of COS	OMERCE			